

955

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Gila
District of _____
Town of Miami
or _____
City of _____

State Index No. 144
Co. Registrar's No. 307
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

(No. _____ St. _____ Ward _____)

FULL NAME OF CHILD Cheie Catherine Carter
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Female</u>	Twins, Triplet or other _____	and	Number in order of birth <u>4</u>	Legitimate? <u>yes</u>	Date of Birth <u>April 16 - 1919</u>
FATHER			MOTHER		
Full Name <u>William C. Carter</u>			Full Maiden Name <u>Marie L. Bohmfalk</u>		
Residence <u>Porphyry Mine</u>			Residence <u>Porphyry Mine</u>		
Color or Race <u>White</u>	Age at last Birthday <u>44</u> Years	Color or Race <u>White</u> Age at last Birthday <u>34</u> Years			
Birthplace <u>Edinburgh - Scotland</u>			Birthplace <u>Summerset - Texas</u>		
Occupation <u>Mine Supt.</u>			Occupation <u>Housewife</u>		
Number of child of this Mother <u>4</u>		Number of Children, of this mother, now living <u>4</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on April 16, 1919, at 10 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona
W.D. Branton

Given or Christian name added from a supplemental report _____ 191__

539-416-422
COUNTY REGISTRAR.

Filed JUL 7 1919

A True Copy
B.G. S. G.
COUNTY REGISTRAR.